

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/541094

FILING DATE

3/31/00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
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11		/					61						
12		/					62						
13		/					63						
14		/					64						
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17		/					67						
18	/						68						
19		/					69						
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35	/						85						
36		/					86						
37	/						87						
38	/						88						
39		/					89						
40		/					90						
41		/					91						
42	/						92						
43		/					93						
44		/					94						
45		/					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	36						TOTAL DEP.						
TOTAL CLAIMS	45						TOTAL CLAIMS						